

- Systems Strategies to Impact Employment Outcomes
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- **SUPPORTED
EMPLOYMENT
EVIDENCE - BASED
PRACTICE:**

Implementation in Maryland

- Why Employment?
- 70% of people with mental illness say they want to work. Only 15% are working (Becker, 2006).
- <5% of people with mental illness can access supported employment programs (Becker, 2006).
- Work is integral to recovery (Kirsch, 2000; Provencher, Gregg, Mead, & Mueser, 2002; Rogers, 1995).
- 75% live in poverty. Employment is a way out (Bond, 2007).
- Work is a normative role for adults in society.
- Being productive is a basic human need.

- What is Supported Employment?
- Competitive employment in the community, that anyone can apply for, that is not set aside or reserved for individuals with disabilities.
- Salary is at least minimum wage, and commensurate with job.
- Supervisor, and co-workers include non-disabled peers or contact with the general public.
- SE provides ongoing, time unlimited support.
- SE is for individuals with the most significant disabilities whose prior work history has been non-existent, intermittent, or interrupted due to the functional limitations of the disability.

• **EBP SE Benefits**

- Responds rapidly to an individual who desires to work.
- Streamlines the service delivery process.
- Avoids duplication of effort for consumers and staff.
- The entire treatment team shares responsibility for the employment outcome.
- Employment specialists are supported by the agency in all aspects of their work with consumers.
- Extensive research evidence demonstrating effectiveness, when applied with fidelity.
- Improves a consumer's sense of self-worth and symptom control, reduces social isolation, enhances quality of life and satisfaction with finances and leisure. (Bond, 2001)

• **EBP SE Fidelity**

- EBP SE Fidelity refers to the degree to which the SE intervention is implemented with

accuracy and consistency to the critical ingredients of the EBP approach.

- Measured on a 15 item rating scale, with each item rated on a 5-point Likert scale (1 = no implementation; 5= full implementation).
- Response criteria are behaviorally anchored, identifying concrete, measurable elements of SE practice.
- A cumulative score in the 66-75 range indicates good SE implementation.
- High SE Fidelity linked to increased competitive employment outcomes (Bond, 2007).

- EBP SE Resources:

- Dartmouth Evidence-Based Practice Center

<http://dms.dartmouth.edu/prc/evidence/>

- SAMHSA's National Mental Health Information Center
<http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment/>
- Academic Partnership
- Statewide Implementation of Evidence Based Practices
- Long Standing partnership and collaboration with University of Maryland and Maryland Mental Hygiene Administration

- **Maryland was one of six original states and the District of Columbia to participate in the National Implementing Evidence Based Practices Project, sponsored by the New Hampshire-Dartmouth Psychiatric Research Center and the Substance Abuse and Mental Health Services Administration (SAMHSA).**
- **Joint MHA/DORS application for funding to Johnson & Johnson Foundation for Dartmouth Community Mental Health Program in SE.**
- Full Partners
- Johnson & Johnson –

Dartmouth Community Mental Health Program

- **SAMHSA Mental Health Transformation Grant**
- **CMS Medicaid Infrastructure Grant**
- **University of Maryland Mental Health Systems Improvement Collaborative (purveyor)**
- **Maryland Mental Hygiene Administration**
- **Maryland Division of Rehabilitation Services**
- **Maryland State Medicaid Authority**
- **On Our Own of Maryland (OOOMD)**

- Small annual financial grants for each state for a maximum of 4 years
- Consultation, training and technical assistance for each participating state
- Multiple mechanisms for states to consult, collaborate and communicate with each other
- Multi-media EBSE materials
- **EBP SE Outcomes Among J&J states**
- Statewide Dissemination and Implementation Strategies

- Inform consumers and family members so they know what services to request.
- Change financial incentives to reinforce EBP.
- Bring regulations into alignment with EBP.
- Provide clinicians, practitioners, and agencies with training, consultation and ongoing feedback to enhance provider skill and organizational capacity for SE .
- Focus both on practice improvement and organizational change

- It's time for a new paradigm!
- Can you shift your paradigm?
- Enhanced SE rate structure for eligible EBP in SE Programs
 - Approved by Office of Health Care Quality to provide both Psychiatric Rehabilitation

Program (PRP) & Mental Health Vocational Program (MHVP) -SE services in compliance with COMAR 10.21.21 and COMAR 10.21.28.

- Receive training and technical assistance through a MHA approved training program and demonstrate required competencies and fidelity to EBP—SEP model.
- Meet or exceed fidelity standard on the Dartmouth SE fidelity Scale on fidelity assessment conducted within the past 6 months by MHA approved fidelity monitors.
- Maintain eligibility by continuing to meet or to exceed fidelity standard at annual re-evaluations.

• **Systems Transformation:**

Multi-Systems Policy Integration VR & MH

- **BACKGROUND**
 - Long-standing collaborative relationship which demonstrates the shared vision and central value of employment for individuals with SMI .
 - Memorandum of Understanding (MOU) for Supported Employment (SE) between MHA and DORS

for 20 years, which outlines joint funding of SE.

- Joint sponsored MHA/DORS Annual Conference on SE for over 10 years, which attracts 250 participants statewide.

- **BACKGROUND**

- **DORS Psychiatric Rehabilitation and Addictions Group (PARG) for over 10 years to share resources and best practices.**
- **Joint membership on ad hoc work groups, Evidence-Based Practice Advisory Council, DORS State Rehabilitation Council, and MHA**

Joint Council (MD Advisory Council on Mental Hygiene/ PL 102-321).

- Integrated cross training of DORS and agency staff, to include Quality Rehabilitation Training (QRT) for new DORS Counselors, and integrated on-site EBP training for DORS Counselors and Supervisors.**
- Critical Policy Catalysts**
 - DORS decision to grant deemed status approval for supported employment for Mental Health Programs approved by DHMH, Office of Health Care Quality.**
 - MHA mandate of referral to DORS for SE, which leverages DORS funding for Public Mental**

**Health System (PMHS)
consumers. (COMAR 10.21.28).**

- MHA decision to direct SE funding exclusively to competitive, integrated employment and not agency-sponsored employment.**

- Paradigm of Contradictory Messages for Consumers**

“For too many Americans, the services and supports they need remain fragmented, disconnected, and often inadequate, frustrating the opportunity for recovery....

Achieving the Promise:

Transforming Health Care in America

- Paradigm of Contradictory Messages for Consumers
- **“Incompatibility of missions, goals, practices, and impacts across agencies at the state and federal level ...creates confusion.”**
- Thematic Features of Transformed System Design
 - Simplicity**
 - Individualized**
 - Integrated**
 - Combining Resources**

Outcome-Driven Incentives

*Economic Engagement: An Avenue to Employment
for Individuals with Disabilities (2004)*
– Report to CMS by ICI, UMASS, Boston



DORS/MHA Systems

Transformation

*(Product of ICI/UMASS-Boston
Consultation, funded in part by Medicaid
Infrastructure Grant and through US DOL
Systems Change Grant to MD
WorkFORCE Promise)*

- Shared definitions and outcome expectations.
- Clear and consistent message from State Mental Health Authority and State

Vocational Rehabilitation Agency reinforcing the value of EBP and employment.

- Joint policy statement/ User-friendly MOU (as below)
which provides policy and operation guidance to SE providers, DORS counselors, and stakeholders.

<http://www.dors.state.md.us/DORS/RehabResources/agreements.htm>

- Joint Policy Statement
- “We Are Agents of Change”

"We believe that recovery is possible for all individuals with mental illness and that employment is a central element in recovery. Our collaboration and partnership is based upon the belief that federal and state resources must be directed to services that research demonstrates to be effective and efficient. Therefore, in recognition of National Disability Employment Awareness

Month, we hereby commit to the residents of Maryland that quality employment and support services for individuals with mental illness are a high priority; that service delivery will be consistent with evidence-based practices; and that ongoing examination of our policy and procedures will continue to support transformation for improved service outcomes. "

Approved by MHA and DORS October 2006

- DORS/MHA Systems Transformation

(Continued)

- Reduction of administrative process burden through integration of referral, application, and eligibility determination processes; presumed eligibility for DORS and single point of entry to both systems.
- Access to multiple, blended and braided funding streams –

seamless to provider and
transparent to consumer.

- Creative, innovative financing strategies that incentivize EBP (enhanced rate for EBP and reimbursement for clinical coordination).
- Enhanced SE rate structure for eligible EBP in SE Programs
 - **Approved by Office of Health Care Quality to provide both Psychiatric Rehabilitation Program (PRP) & Mental Health Vocational Program (MHVP) -SE services in compliance with COMAR 10.21.21 and COMAR 10.21.28.**
 - **Receive training and technical assistance through a MHA approved training program and demonstrate required competencies and fidelity to EBP—SEP model.**

- Meet or exceed fidelity standard on the Dartmouth SE fidelity Scale on fidelity assessment conducted within the past 6 months by MHA approved fidelity monitors.
 - Maintain eligibility by continuing to meet or to exceed fidelity standard at annual re-evaluations.
- Enhanced SE rate structure for eligible EBP in SE Programs
- Includes reimbursement for clinical coordination and an enhanced rate for Extended Support Services.
- The employment specialist regularly meets with and collaborates with members of a multidisciplinary treatment team including:
 - case manager
 - psychiatric rehabilitation counselor
 - residential specialist
 - therapist

- Psychiatrist
- DORS Counselor
- any other individuals who may be involved in the treatment and rehabilitation of the individual.

- **Systems Transformation**

Braided Funding

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SE Service Flow and Funding Design

- 1) SE Pre-placement (state general funds)
- 2) Job Development (VR funding)
- 3) SE Job Placement (state general funds)
- 4) SE Intensive Job coaching (VR funding or state general funds when VR funding is not available)
- 5) Ongoing SE to maintain employment (state general funds)
- 6) Clinical Coordination for EBP SE (state general funds)
- 7) Psychiatric rehabilitation (Medicaid)

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Services Flow

Pre-Placement Phase

Pre-placement includes:

- **Intake and Initial Assessment (Consumer Profile)**
- **Referral to DORS**
- **Entitlements counseling**
- **Discussion of risks and benefits of disability disclosure and informed choice.**

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DORS Referral & Application

- Referral and Application are completed simultaneously.
- After CSA review and approval of APSCareConnection® within 48 hours, DORS eligibility is presumed.

- DORS Referral & Application

- **The SEP sends e-mail to DORS counselor and supervisor containing the APS record number of the consumer applying for DORS services and**

requests initial interview within 2 weeks.

- **DORS counselor has guest access to archived rehabilitation and treatment information in APSCareConnection®.**
- **DORS Referral & Application**
- **The initial interview is conducted:**
 - **on an individual basis**
 - **at the community provider agency or a mutually agreed upon community location**
 - **within two weeks of referral.**
- **Individuals in Supported Employment programs are presumed eligible and to have a most significant disability for DORS services.**

- Trial work and/or extended evaluation shall not be used with EBP.
- Individuals are not screened out because of substance abuse lapses. DORS, along with PRP and SE staff, work with individuals to fully support a recovery lifestyle.

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DORS Plan Development

- Plan development may occur at the first meeting and includes collaboration with SE staff working with the individual.
- An Authorization for Job Development Hours may be requested and approved.

- **Information confirming Core Service Agency approval is included in APS CareConnection®.**
- **Job development issues and job placement-DORS, SE Provider, and Treatment Team collaborate.**



Job Placement Phase

Placement includes:

- **Placement in a competitive, community-integrated job, not in agency-sponsored employment.**
- **Assisting the consumer in negotiating with the employer a**

mutually acceptable job offer and advocating for the terms and conditions of employment, to include any reasonable accommodations and adaptations requested by the individual.

- Intensive Job Coaching Phase through DORS
- Systematic interventions and techniques to help the supported employee learn to perform job tasks to the employer's specifications and to learn the interpersonal skills necessary to assume the employee role and to be accepted as an employee worker at the job site.

- Job coaching may also be used as a preventative intervention to assist the individual in preserving the placement, resolving employment crises, and in stabilizing the employment situation for continuing employment .



Psychiatric Rehabilitation to Individuals in SE

- Maryland Supported Employment & the Ticket To Work
- Potential payments for existing program outcomes – employment

- Significant number of customers are ticket holders – SSI/SSDI
- Program design and services flexibility
- TTW designed to fund SE programs
- Increased knowledge of work incentives and support services
- Potential for coordination with DORS
- Maximum flexibility for utilization of income
- Income limited only by program effectiveness
- Minimal administrative requirements
- **Consumer Advantages**
- Increased understanding of options to work
- CDR protection
- Choices of providers and services
- Can utilize programs & DORS
- Increased potential for work supports
- Options for trying out various types of work
- Can lead financial independence

- Access to Medicaid/Medicare and other support services
- **Maryland Mental Health Network**
- EN partnership that involves integrating the state unemployment information into our current APS system to track earned income electronically.
- Process-CSA will serve as administrative entity for the service providers. The CSA would collect the reimbursements and retain 20% for handling the administrative duties and forward the remaining 80% to the provider agency. Under this proposal, the CSA would also handle the calls and questions from customers and screen for eligibility under the public mental health system. SE Providers would also have the option of becoming their own Employment Network and handle their own TTW program independently.
- **Key areas to creative financing**

- Common goal – Employment and Recovery-efficient and effective use of federal/state resources
- Collaboration agreement
- Compromise/Flexibility/Paradigm Shifting
- Commitment
- Champions and Cheerleaders
- Continuous quality review and monitoring

- Contact Information

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